

**KEWAUNEE COUNTY  
CREDIT CARD AUTHORIZATION FORM**

**Date:** \_\_\_\_\_

**Corporate account number:** \_\_\_\_\_

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**Request for New Card** - Please complete the following:

Cardholder Name: \_\_\_\_\_

Employee# \_\_\_\_\_ Department \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_

**Credit Limit Increase** - Complete the following:

Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Limit Requested: Permanent: \$ \_\_\_\_\_ Temporary \$ \_\_\_\_\_

If temporary, increase good through: \_\_\_\_\_

**Cancellation/Lost Card** - Circle one and complete the following:

Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Replacement Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Changes** - Complete the following:

Card Number: \_\_\_\_\_

Name Change: From: \_\_\_\_\_

To: \_\_\_\_\_

Add Merchant Category Code: \_\_\_\_\_

Other (explain): \_\_\_\_\_

\_\_\_\_\_

Requested By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_